MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S) 09/937463	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				* IND.	DEP.	* IND.	DEP.	* IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1	/	/					51							
2		/					52							
3		/					53							
4		/					54							
5		/					55							
6		/					56							
7		/					57							
8		/					58							
9		/					59							
10	/						60							
11		/					61							
12		/					62							
13	/						63							
14		/					64							
15		/					65							
16			/				66							
17				/			67							
18				/			68							
19				/			69							
20				/			70							
21				/			71							
22				/			72							
23				/			73							
24				/			74							
25				/			75							
26				/			76							
27				/			77							
28				/			78							
29			/				79							
30				/			80							
31				/			81							
32			/				82							
33				/			83							
34				/			84							
35							85							
36							86							
37							87							
38							88.							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	3		3				TOTAL IND.							
TOTAL DEP.	12		16				TOTAL DEP.							
TOTAL CLAIMS	15		19				TOTAL CLAIMS							

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

ORM PTO-1360 (REV. 3-78)